


Please type a plus sign (+) inside this box PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. U1100.0000/P000

First Inventor Tomoo Ooishi

Title CONTENTS INSPECTING SYSTEM AND, etc.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Box Patent Application
Commissioner for Patents
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)2. ☐ Applicant claims small entity status.
See 37 CFR 1.273. ☒ Specification [Total Pages 17]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]

5. Oath or Declaration [Total Pages]

- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on

i. ☐ CD-ROM or CD-R (2 copies), or ii. ☐ paperc. ☐ Statements verifying identity of above copies**ACCOMPANYING APPLICATIONS PARTS**9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent17. ☒ Other: Claim for Priority

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information. Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

24998

☒ Correspondence address below

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Name (Print/Type) Mark J. Thronson

Registration No. (Attorney/Agent) 33,082

Signature

Date

January 9, 2002

01/09/02

1051 U.S. PTO

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
		Filing Date	Herewith
		First Named Inventor	Tomoo Ooishi
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
<input type="checkbox"/> Application claims small entity status See 37 CFR 1.27		Attorney Docket No.	U1100.0000/P000
TOTAL AMOUNT OF PAYMENT (\$) 740.00			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	3. 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**or number previously paid, if greater, For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No (Attorney/Agent)	33,082
Signature		Telephone	(202) 775-4742
		Date	January 9, 2002